2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N31015

Entity Name: BRADFORD ECUMENICAL MINISTRIES, INC.

Current Principal Place of Business:

321 W. ANDREW ST.
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

921 EAST CALL STREET
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-3011911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARDESTY, GARY W
921 E CALL STREET
STARKE, FL 32091 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ONEILL, DENNIS T
Address: 645 S. LAWRENCE ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD ( ) Delete
Name: HARDESTY, GARY W
Address: 205 S LAKEWOOD DR
City-St-Zip: STARKE, FL

Title: TD ( ) Delete
Name: JONES, VEAZIE E
Address: 405 N CHURCH STREET
City-St-Zip: STARKE, FL 32091

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAYES, STEVE PRES.
Address: 101 VALLEY RD
City-St-Zip: STARKE, FL 32091

Title: SD (X) Change ( ) Addition
Name: HARDESTY, GARY W
Address: 205 S LAKEWOOD DR
City-St-Zip: STARKE, FL 32091

Title: TREA (X) Change ( ) Addition
Name: JONES, VEAZIE E
Address: 405 N CHURCH STREET
City-St-Zip: STARKE, FL 32091

Title: DIR ( ) Change (X) Addition
Name: ARLEY, MACRAE
Address: 1517 BESSENT ROAD
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HAYES PRES 03/21/2009
Electronic Signature of Signing Officer or Director — Date